

FORMAL

JFW

IN RE APPLICATION NUMBER: 10/015,738

TRANSMITTAL COVER LETTER FOR FACSIMILE TRANSMISSION

PLEASE DELIVER THE FOLLOWING PAGES TO:

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
ATTN: CUSTOMER SERVICE

FACSIMILE NUMBER: (571) 273-0125

THE SENDER IS: Laurence S. Rogers
Registration Number 28,465
ROPES & GRAY LLP
1211 Avenue of the Americas
New York, New York 10036
Tel.: (212) 596-9000
Fax.: (212) 596-9090

CLIENT/MATTER NO. CF/030

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

February 19, 2008
Date

Helen Giamonitis
Helen Giamonitis

TOTAL NUMBER OF PAGES, INCLUDING COVER SHEET: 2

DATE: 02/19/2008 FACSIMILE OPERATOR: Helen Giamonitis

THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT THE UNAUTHORIZED DISSEMINATION OF THE COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE.

09 9 2008 22:49 FR ROPES AND GRAY
FEB 19 2008
U.S. PATENT & TRADEMARK OFFICE

Best Available Copy

TO 9915712730125

P.02

PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/015,738 (Conf. No. 3474)
Filing Date	December 12, 2001
First Named Inventor	Howard W. Lutnick
Art Unit	3609
Examiner Name	Michael R. Zecher
Attorney Docket Number	CF/030

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client has failed to pay one or more bills for an unreasonable period of time (37 C.F.R. §10.40(c)(1)(vi))

CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

The address associated with Customer Number:

63710

OR

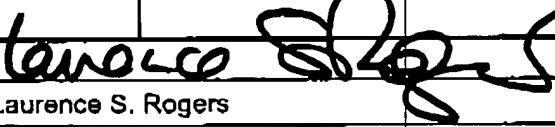
Firm or Individual Name

Address

City State Zip

Country

Telephone Email

Signature 

Name Laurence S. Rogers Registration No. 28,465

Date February 7, 2008 Telephone No. 212-596-8000

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.